

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/524647

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1	1				
2		1				
3		2				
4		2				
5		2				
6		2				
7		1				
8		1				
9		1				
10		1				
11		1				
12	1					
13	1					
14	1					
15	1					
16		2				
17		2				
18		2				
19		2				
20		1				
21		1				
22		1				
23		1				
24		1				
25	1					
26	1					
27	1					
28		1				
29		2				
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49						
50						
TOTAL IND.	5					
TOTAL DEP.	12					
TOTAL CLAIMS	17					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						